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PUBLIC HEALTH REPORTS

VOL. 34

SEPTEMBER 5, 1919

No. 36

SCHOOL MEDICAL INSPECTION.

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With the time for the opening of the schools drawing near it is very desirable that communities, and especially the responsible officials, should take stock of resources for the health supervision of school children. Owing to inevitable adjustments that are now taking place in the national life as a result of the war, and especially in view of the changed economic conditions, the increased cost of the necessities of life, and the strong appeal of greater remuneration in other fields to those engaged in health activities, the importance of adequate health supervision of the children of the land is emphasized as never before in the history of our country.

The Advantage of Health Supervision of School Children.

The health of the growing child determines largely the health and bodily vigor of the grown man. The community, therefore, can take no more important step to insure the future efficiency of its citizens than that of growing healthy children. In the present state of society an intelligent supervision of the health of the children during the period of school life is probably one of the most potent measures for this purpose and is recognized as such by law in an increasing number of the States of the Union. This is especially true since in but a very few fortunate communities is any attention whatsoever given to general health supervision of children during the impressionable preschool age covering the period from 2 to 5 years of age, inclusive.

Intensive studies of the physical conditions of children in many places have shown large numbers of them to have physical defects which were previously unrecognized and unsuspected. Many of the defects thus shown are preventable and remediable. Their persistence results not only in reduced individual efficiency, but also, in the aggregate, in reduced national efficiency, as is so clearly shown by the high percentage of those found unfit for military service in the physical examinations conducted under the selective-service law.

The conditions under which children assemble in school, and not the school itself, are largely responsible for much of the sickness contracted during the period of school life and for the persistence

of physical defects. The control of adverse causes during this period not only exercises an immediate beneficial effect on the health of the children, but serves most effectively to teach them the principles of personal hygiene, the nonobservance of which is now believed to be mainly responsible for the large annual increase in the number of deaths from degenerative diseases that occur later in life.

Experience shows that the failure to prevent and correct impairment of hearing and vision and to detect abnormalities of color perception, to secure dental attention, to alleviate postural defects, to place the normal child in an environment best suited for physical development, greatly restricts the range of industrial, business, and professional opportunity in adult life. Moreover, a number of defective children are unable to take full advantage of their educational opportunity. They fall behind in school work, become discouraged because unable to keep pace with normal children in their classes, and ultimately quit school poorly prepared for useful citizenship. It is of prime importance to the community, therefore, to take cognizance of these possibilities in order that steps may be taken to prevent them. Furthermore, the control of the communicable diseases in the community can be accomplished more effectively when undertaken in connection with the medical inspection of school children. Altogether, the loss of life, the impairment of hearing and vision, the tendency to degenerative diseases caused by neglect of personal hygiene, and the loss of time in school work render it highly desirable from the economic standpoint alone to inaugurate a measure so potential in the control of the communicable diseases.

A Desirable System of Health Supervision of School Children.

An effective system of health supervision of school children should provide (1) for the thorough sanitation of all buildings used for school purposes; (2) for the intelligent supervision of classrooms to detect and correct conditions injurious to the health of the pupils as soon as they arise; (3) for the full-time services of medical inspectors qualified to discharge the sanitary and medical duties of the school physicians, (4) for the full-time services of school nurses; (5) for facilities for dental inspections; (6) provision whereby necessitous children may receive free treatment best suited to their needs; and (7) for a thorough mental examination of all children who fail to progress normally in schoolwork. Objections have been made to health supervision of school children and the treatment of their physical defects on the ground that such measures discriminate against the regular practice of medicine, encourage pauperism in parents, raise the tax rate, and tend to bring about a lowered sense of responsibility on the part of parents in respect of the health of their children. The experience of countries and communities wherein these measures are in full force

does not substantiate these claims. It has been found that the more regular attendance of children at school brought about by competent health supervision, and the educational effect on parents of such measures when applied to their children, reflect in time so advantageously on the community as to more than compensate for the expenditures involved in such supervision.

Scope of Medical Inspection.

The demands of a reasonable medical inspection of school children are met by the following observances: (1) To examine for the presence of physical or mental defects which make it inadvisable for certain children to attend school; (2) to measure and weigh all children to determine the average physical development by sex and one-year age periods, and the utilization of such standards as an index of nutrition and as a guide to the discovery of harmful causes in the case of children who do not develop normally; (3) to discover, remove, and prevent defects of dentition, hearing, posture, and vision that hamper children in schoolwork and retard their physical and mental development; (4) to aid the health authorities in the control of communicable diseases.

Requirements of a School Medical Inspector.

The minimum requirements of an acceptable school physician are: (1) That he should devote his full time to the supervision of the health of school children; (2) that he should be skilled in medical diagnosis, able to advise with and assist the family physician when it is so desired; (3) that he should have a knowledge of bacteriology sufficient to enable him to take cultures, detect "carriers," and otherwise assist the health authorities so that it may be unnecessary to close schools during epidemics of communicable diseases; (4) that he should be well grounded in the principles of personal and general hygiene and, have the ability to apply them to school purposes; (5) that he should be competent to prescribe suitable exercises in individual cases to overcome postural defects, and advise with regard to regulated group exercises designed to promote the best physical development of normal children; (6) and that he should notify all parents of the presence of physical defects in their children as soon as these defects are discovered and make reasonable efforts to have his recommendations carried out.

In the selection of a school physician due regard should be given to his ability to direct the seating of children, to make observation of atmospheric conditions in classrooms, to measure illumination and to advise in regard to changes necessary to secure the maximum of illumination with the minimum of visual discomfort, and finally to advise janitors in respect of the heating and ventilation of school buildings.

The employment of a physician engaged in private practice to devote a part of his time to the medical inspection of school children is not productive of good results. On the average it requires the full time of a specially qualified physician to supervise effectively the health of 2,000 school children. Furthermore, the employment of a practicing physician for this purpose is frequently the cause of jealousy and opposition on the part of other local practitioners that negative the efforts of the school physician.

One of the great drawbacks to the employment of a school physician heretofore has been the apparent unwillingness of the school and health authorities to recognize and clearly define their duty in respect of school health-supervision. Fundamentally, the duty of the school organization is to impart instruction, and this should include instruction in health through courses in personal and general hygiene adapted to the needs of various age-groups and by the organization of classes in physical training.

On the other hand the function of the health department is preventive and corrective, and as applied to school health-supervision should include the medical examination of the children for the detection and removal of the hampering physical defects and for the control of communicable diseases, as well as supervision of the sanitation of the school buildings and grounds and playgrounds. In fact, the measure of the mental and physical efficiency of the children of a community will be largely proportional to the completeness of the cooperation of these two responsible agencies in this work.

Dental Attention.

Dental defects constitute the most numerous of all defects found during medical inspection. The percentage of children in need of attention to the teeth is highest among those from 5 to 8 years of age, the percentage gradually decreasing in successive older age-groups. It is now recognized quite generally by the medical and dental professions that defective teeth are responsible for serious disturbances of the general health. Especially is this true of "rheumatic" affections, heart disease, and gastric disturbances. No system of health supervision of children can be thoroughly effective, therefore, that does not secure correction of dental defects or fails to instruct parents in dental prophylaxis.

Duties of the School Nurse.

The school nurse should be directly responsible to the school physician for the proper discharge of her duties. Her activities should supplement those of the school physician and correlate with them. She should have sufficient training to carry out the routine

treatment of minor ailments in necessitous children under supervision of the school physician; she should be required to visit the parents of ailing children, when necessary, to instruct them in the care of the sick and in the prevention of disease; she should "follow up" children recommended for treatment by the school physician to induce parents to carry out his recommendations in case of their failure to do so; she should from time to time visit children who have been excluded from school for purposes of treatment, to insure their return without undue loss of time; she should be required to visit children absent from school for three successive days from unexplained causes, and in case of sickness make inquiry as to its nature in order to guard against communicable diseases; she should report the results of follow-up work to the school physician so that they may be properly recorded. The services of the school nurse may be advantageously used during the vacation period in infant welfare work, or in some other form of community health supervision.

Recording and Preservation of the Results of Medical Inspection.

Every child should be subjected to a rigid medical examination as soon as possible after first entering school. The results of such examination should be card indexed and filed in such manner as to be instantly available for reference. Immediately following the examination, the parents of the child should be notified, in writing, of the presence of physical conditions which require medical or surgical attention. Such notification should be supplemented by visits from the school nurse, and neglectful parents should be advised of the necessity for such attention.

The form used for recording physical defects and other information regarding the school children should be arranged to suit the demands of local conditions. In general, such cards should show the name and address of the child, the name and address of parents or guardian, the exact date of birth, the sex and nationality of the child, the height and weight, the physical defects at the time of the examination, and such other information as may be useful. The subject matter should be so arranged as to provide space for recording the results of reexaminations in succeeding years. Such cards should also indicate the treatment advised, the results of treatment, and the subsequent disposition of each particular case.

Dental defects should be recorded on a card of the same size as the medical-inspection card, and filed with it. Such cards may be conveniently arranged showing cuts of the temporary and permanent teeth, with spaces for recording the results of dental inspections and treatment.

The notification blank to parent or guardian may be arranged as follows:

OFFICE MEDICAL INSPECTOR OF SCHOOLS.	
..... Parent or guardian.	 Address.
A recent physical inspection of.....	
Name of child.	
attending the.....	indicates the following
Name of school.	
abnormal conditions:	
.....	
You are advised to take.....	
Name of child.	
to your	
family physician, dentist, oculist, or to a dispensary for advice and treatment.	
.....	
Medical inspector.	

In every case where the child is excluded from school on account of sickness or disability, the medical inspector should be required to notify, in writing, the parent or guardian, specifying the cause of such exclusion and stating explicitly the terms under which the child may return to school.

ASSISTING THE HEALTH LECTURER.

When properly conducted, illustrated lectures constitute one of the most effective means of promoting public health education. As in all other forms of educational work, however, attention must be paid to a number of important requirements in order to secure the best results.

Not the least difficult of the various problems which present themselves is the securing of the proper audience. Except in schools, factories, or other places where the audience is already assembled, this often demands well-planned advance publicity.

The services of a trained speaker are, of course, indispensable. A lecture read from notes is usually so much time wasted, and a lecturer who insists on the free use of notes so as not to overlook some one point, forgets that few audiences are prepared to assimilate more than one or two points in any address. It is far preferable to deliver a short snappy talk and drive home a single point than monotonously to read a carefully planned lecture containing three or four important points. For most popular nonillustrated health talks 15 to 20 minutes should be sufficient to present the subject. Where stereopticon slides are used to illustrate the lecture, the time